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AUTHOR Otto, Dale E.
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ABSTRACT

Although approximately 24% of children in all forms of child care in the United States receive evening or overnight care, most nighttime child care is unregulated by state licensing standards and faces a number of serious problems. For example, a survey of licensed centers and licensed day care homes offering night care in Seattle, Washington, revealed the problems facing night care providers to include small and unstable enrollments, high staff turnover, inadequately skilled staff, problems with building security and child abandonment, poor communication with parents, and little help from state licensing staff. The poor quality of night care evident from the survey raises a number of issues (related to the maintenance of decent standards in night care facilities) that should be addressed by child care providers. Because the provision of good quality care seems to be related to the success of state licensing programs, all states should develop differential licensing requirements for night care versus day care. In addition, special licensing consultants should be provided for night care providers. (Author/JA)

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Dale Otto
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# Night-time, Out-of-Home Child Care - A Preliminary Report

I wish to begin my discussion of night-time, out-of-home child care with a quick statistical review of child care in the U. S. This data is from 1978, as found in the 1979 ABT Associates' National Day Care Study(1) and is necessary for establishing a context for night care. In 1978, almost 52% of the country's 24.4 million families with children under age 13 had a work-related need for some form of day care. Over half of all mothers with children under 18 are employed, and hearly half of these are mothers with children under age six. The actual number of children under 13 involved in child care for at least 30 hours per week is over five million. And most of these are children below school age.

Of these 5 million children, some 900,000 are cared for in licensed centers while some 1.2 million are cared for in family day care homes. The rest are cared for in their own homes or in the home of a relative or friend. My readings suggest that these percentages and numbers have increased in the past two years and will continue to increase in the foreseeable future.

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Child care is big business, and it shows every indication of getting bigger - due to changes in the family structure resulting in increasing numbers of single parents, and the continuing worsening of the economy which is forcing additional parents to return to work just to try to make ends meet.

I'm not telling you anything new when I report that day care is a low priority in our country. In view of the scope of day care, we hear surprisingly little. Poor parents are over-represented among day care users. The parent of young children who is pressed economically and has unfair demands on his or her time has little time and energy to organize and

advocate for better child care. Child care is seen in some quarters not as a legitimate activity which is struggling to meet a clear need, but as a force intended to weaken and deteriorate the traditional family. This pressure is having its effects on child care. Furthermore, professionals in Early Childhood Education, child care or child and family services have been notoriously weak and unorganized in political and public arenas.

In most states, the responsibility for licensing and supervising child care rests with the state Department of Social Services (or Social and Health Services, or whatever it may be called). Child care licensing and regulation is almost always accorded a low priority; it is among the day care licensing staff that we usually find the most recently employed agency staff members and the highest degree of staff turnover.

However, if it sounds like day care is troubled, consider now with me night care. Night care - the care of children outside their own homes by non-related persons during the evening or night-time hours on a regular basis, is almost invisible. Night care is barely mentioned in the sweeping 5-year study of day care in our nation done by the ABT Associates. In another related large-scale study done by UNCO, Inc., in 1976 entitled National Child Care Consumer Survey(2), the authors reported that 16.8% of all children in day care receive out-of-home care for more than 40 hours per week. 5.4% receive care for more than 50 hours per week. Some of this care must be during night or evening hours. The UNCO study did not present data concerning the percentage of children in child care who are enrolled for evening or night-time care. The data does provide the following, however:

-of the children receiving care in their own homes by a relative (a sibling, aunt, or whatever), 26% are cared for during evening hours and

3.5% receive overnight care;

-of the children receiving care in their own homes by a non-relative (a baby sitter), almost 44% are cared for during evening hours; while some 2% receive overnight care;

-of the children who are cared for in the home of a relative, over 16% are cared for during evening hours and 6.5% receive overnight care;

-and of the children who are cared for in the home of a non-related person (a home child care provider), 10% are cared for during evening hours and 1.3% receive overnight care.

When these data are combined to arrive at an estimate of the percentage of children who receive evening or overnight care, we find that approximately 24% of the children in all forms of child care are cared for during evening hours, and that approximately 4% receive overnight care. It is likely that these data are conservative since specific questions concerning the hours of care a respondent's child receives, the location of this care and the work schedule of the parent weren't included. In surveys, one tends to get a lower response rate to general questions which aren't really a good fit when compared to what one receives for specific questions which do allow for specific and personally accurate responses.

These data are also limited in that they failed to indicate that any children receive evening or night care in child care centers. We know that this is not the case - that there are child care centers which offer evening and night care. The ABT study(1) presents data which indicate that nearly 89% of day care centers (2223 out of the 2500 surveyed) offer care from 9 to 12 hours daily. Some 2% (49 out of the 2500 surveyed) offer care for 13 to 16 hours each day, 1.2% (29 centers) for 17 to 20 hours daily, and .8% (19 centers out of the 2500 included in the survey) offer care

for 21 hours or more every day. One wonders when center clean-up occurs in such an operation, and when the line between child care (less that 24 hours per day) and foster care is crossed.

By looking again at the data from the Abt study and the UNCO study, we can also create a proposed hierarchy of parental preference concerning care for their children in evening and night hours. It would seem that parents will first try to arrange for care in their own home, by a relative; or care in their own home by a non-related person (a baby sitter). If the parent cannot arrange this, the next preferred arrangement is for the care to be given in the home of a relative - or if this isn't possible, in the home of a friend or baby sitter. The next-to-last resort, apparently, is a licensed home child care provider, and the last resort is a child care center.

All but a handful of states make no mention of night care in their child care licensing and supervision rules and regulations. With the exceptions of Illinois, Kansas, Michigan, and New Jersey to my knowledge (there may be others, the situation is changing), the references to night care are too limited to be of effective use in differentiating needs of children in night care from those of day care. If one does comprehensive literature searches in the area of night care, precious few entries will be produced - and those found will ordinarily make only passing reference to night care in the midst of discussing other matters.

I became interested in the matter of night care while I was on professional leave from my home institution in Washington state, Central Washington University, during the 1978-1979 year. I spent this year in the Los Angeles area, studying child care - both inside as a teacher assistant in a day care center and outside as a student and visitor/

observer of child care. I began to realize that day care serves working parents, and many parents work at night, but I hadn't heard of available night care. The state child care licensing office in Los Angeles provided me with no help. California then did not differentiate between night care and day care in licensing, and the licensing office could give me no information concerning night care. I located and visited two day care centers which used to do night care and two child care homes which were doing both night and day care - and so found at least a partial answer to my question: night care does indeed exist.

One center I visited in Los Angeles was affiliated with a large, urban hospital. The center operators had assumed that staff on rotating shift work both needed and would use night child care. However, they found that enrollment was less than anticipated, and that enrollee turnover was high. They also experienced problems of staff turnover and locating adequate staff. After operating night care for some 6 months, they quit.

The story I found at a child care center near a large university and community college was similar. This center's director thought there were many students taking evening classes who would also utilize evening child care. However, their experience was similar to that of the hospital-affiliated night care center; enrollment fell far under expectations, child absenteeism was high, enrollment was unstable and staff turnover and quality were unacceptable. Further, the same cots and room arrangements used during the day for napping were also used at night. No policies or practices existed regarding the provision of fresh, personal bedding for each child, child hygiene, etc.

The two night care homes I visited in Los Angeles were located in densely populated core areas where poverty was the rule rather than the exception. The providers offered little in the way of a home-like atmosphere because their home child care operations were large. The average enrollment was 15-20 children or more during days and 7-10 during nights. Sleeping arrangements were characterized by putting several children together in a room in beds, cots, or on sofas or the floor in sleeping bags. Television was used extensively and it was clear that cleanliness was a problem. Other problems offered by the home providers were:

-lack of contact with the parent; drop-off was hurried and pick-up was at night when the parent was anxious to get home;

-absence of support or help from the state licensing staff;

-temporary child abandonment, as when a parent would leave for days or weeks without advance warning, thus forcing the provider to become an unlicensed foster parent or to turn the child out.

These are very serious problems, and I wanted to pursue them further - beyond these first impressions. In the Fall of 1979, I asked for and received a small grant from my university to do a preliminary study of night-time, out-of-home child care in Seattle. The balance of this paper consists of a description of this study and its findings.

My first goal was to carry out a thorough review of the literature. This proved surprisingly difficult and produced very meager results. Night child care or evening child care are not terms used to index the available literatures with any degree of reliability. Careful computer-based searches were carried out using the ERIC data base (which includes ECE) and the MEDLARS II data base (a basic system indexing medical, psychiatric,

and psychological literatures.) In addition, I did extensive hand searching in the social work literatures and corresponded with several state and national officials.

Primarily, the items turned up in these searches offer the following:

1) night child care exists, and the need for it should be documented. Many writers have guessed at the need;

2) most night child care is unregulated by, and invisible to, licensing;

3) night child care parent users are primarily single working mothers who are poor. Therefore, some forms of business and industrial involvement and/or government subsidies are necessary to ensure the availability of adequate services.

Other items which surfaced have to do with state regulations. Those of Illinois are especially well described(6).

I searched the medical/psychological literatures to gain a better understanding of the sleep needs of children at night in out-of-home institutional settings. To my knowledge, nothing has been written concerning these needs for children in child care. However, there is an abundance of literature concerning the sleep needs of children in hospital care. It is readily apparent that there are many areas of difference between the hospital and child care settings, and between the reasons a child is in the hospital compared to the reasons he or she is in child care. The similarities lie in the following:

1) the child under age five (the dominant child care age range) has no choice as to being placed in the hospital or in child care;

2) the child is away from his home and parent or parents, especially during night-time;

3) the young child in an extended stay in the hospital, or enrolled in child care over a long time period has no sense of the duration of her time away from home, nor of the reasons she cannot be at home. We have learned much about the young child's differing notions of causality, and know that often she may blame herself for such changes in home or living situations, in spite of our adult understandings of health, or work needs.

Some highlights of this wonderfully interesting body literature are the following.

Two British studies reported by Ferguson provided "...striking evidence that a hospital admission of greater than one week's duration, or repeated short admissions before the age of 5 years, are associated with increased incidence of behavior disturbances at age 10 years and into adolescence."(3)

Goslin(4), in a review of studies concerning the hospitalization of young children, states that maternal separation seems to be the primary stressor for the child - not the illness, the strange equipment or smells, or even the experiences she has in the hospital. Symptoms are strongest among the very young child of 10 months to 2½ years of age, and usually begin with crying and sleeplessness, which lead to despair, followed by withdrawal, and ending with surface adaptation without emotional ties of any depth with any care-giving adult; the child remains detached. At some point, we must begin applying what we know from studies of parent-child attachment and disruption of this attachment to the needs of children in child care - especially those in night care during sleeping hours.

The age range of the child we should concern ourselves with extends to age 10, as pointed out by Steele(10). She describes the child in this age range, when separated from the parent or parents for an extended period of time, to be characterized by guilt because he caused the separation, which may cause him to act out inappropriately and then to contritely try to 'prove' to the adult caregiver that he is acceptable. How many of us have seen this pattern in child care settings? Steele also points out that "...this age range is fraught with fears, expanding social expectations and an inability to distinguish between reality and fancy."(10, pg.43)

Later, she elaborates in regard to sleep by noting "Sleep ends the days' events and the child approaches nighttime either excited by the good things that happened to him or worried and puzzled by events that had unfavorable outcomes. Lonliness overcomes some children and they often have exaggerated responses to strange noises, shadows, and even the sound of their own heartbeats."(10, pg.71)

Much more could be reported to you from this literature. I hope these examples serve to illustrate the need for those interested in, or providing night-time care during sleep hours to focus especially on the needs of the young child concerning secure, comfortable, home-like sleep in the out-of-home setting. In this matter, children have absolutely no power; the adults, including the parents, must provide.

The second goal of my study centered on gathering survey data from providers of night-time child care in Seattle. Seattle has a day care referral service operated by the State Department of Social and Health Services which will provide the names and locations of child care

providers to parents who call to locate child care in their home or employment area. It was through this referral service that I was able to get the names and addresses of night care providers. I developed a mail-in survey form for the three licensed centers in the Seattle area which the referral service thought offer night care and the 58 licensed homes which offer night care. In addition, I interviewed the directors of all three centers and one additional center located later, and six home providers. This work was done in the Spring of 1980. Of 58 questionnaires mailed out, 29 completed questionnaires were returned - giving a 50% rate of return. This was accomplished only with written and telephone reminders. There was a high degree of reluctance on the part of the home night providers to expose themselves to any view from the outside; the most common fear they expressed had to do with my being involved with licensing - which was clearly seen as a non-helpful, sometimes punitive part of their work.

Before proceeding to the results of these surveys and interviews, let me give you some statistics, as provided by the Seattle-King County Day Care Referral Service.

As of March, 1980, there were 1,473 licensed family day care homes in the greater Seattle area. With 58 homes advertising the availability of night care through the referral service, this yields the figure of approximately 4% of the licensed homes doing night-time care; this figure appears to coincide with the data reported in the UNCO study(11).

Typically, the percentage of calls the referral service receives which ask for night care providers (i.e. between the hours of 6:30 p.m. and 6:30 a.m.) is around 9-11%. The number of calls for night care fluctuates during the year, with most calls coming in Spring (March through May) and early Fall (August through October). The Winter and Summer months see a decrease

of about 33% in calls for night care as well as day care.

Overall data summarized by year and broken down between request calls for day care and night care were not available from the referral service because they do not have adequate staff to summarize and interpret their data. Complete data were available for the years 1974-75, 1976-77, and 1977-78. I'll give you these figures because they do suggest a rather stable pattern.

In the October, 1974 through September, 1975 year, 7,396 total requests for care were received by the referral service. Of these, 842 or slightly over 11% were requests for care after 6:30 p.m. and before 6:30 a.m.

In the October, 1976 through September, 1977 year, 9,888 total requests for care were received. Of these 1,152 or over 11½%, were requests for evening or night-time care.

In the November, 1977 through October, 1978 year, 11,070 total requests for care were received. Of these, 1,138 or slightly over 10% were requests for evening or night time care.

Thus, in Seattle, the number of requests for child care in the evening or night-time hours seems to remain at approximately 10% or slightly more. Similar figures for the nation or other cities are not available. However, for the purposes of making a point, let us guess that the percentage of urban parents needing night care for their children is approximately 10% - a figure which I believe to be low. My guess is that, just as the providers of night care are reluctant to have contact with officials in licensing and regulation, the parents who need night care for their children are reluctant to have such contact. Informal referral and word-of-mouth will more likely be relied upon whenever possible. Be that as it may, using even a 10% figure gives us the likelihood that, nationwide, some 210,000 children

receive night care in licensed facilities (i.e. 210,000 is 1/10th of the combined total of children receiving care in licensed facilities as given in the 1978 Abt study). The Abt study and others suggest that as many as four times that number are in unlicensed child care, suggesting that as many as over 1 million children are receiving care during evening and night-time hours.

To my way of thinking, it is unconscionable that any quantity of children receive unsupervised and perhaps unregulated care - especially during evening and night-time hours. Yet, for the most part, night-time care is an underground aspect of child care, unknown to licensing and used by parents who are likely to be single, poor and struggling to make emotional as well as financial ends meet.

But I've digressed. Let us return to the data provided by the questionnaires and interview information I gathered from child care center operators and home child care providers who do evening and/or night care in Seattle.

First, the center results. I located four centers which either had done or are doing night care. Two centers had ceased their night care offerings, citing the following as reasons:

1) enrollment was less than expected, and turnover of children was great and unpredictable;

2) adequately skilled staff were very difficult to find and keep. Staff turnover was high;

3) staff and building security were serious problems, in terms of vandalism, drunken intruders and staff or parent robbery or assualt in the distance from building to car;

4) communication with parents was a serious problem. Drop-off

usually occurred during the most busy time of afternoon (3:00 - 5:30 p.m.) and pick-up was late at night or early in the morning when regular staff or the director weren't present. Also, the tired parent's focus was waking the child, gathering various pieces of clothing and belongings, and getting all to the car without waking other sleeping children. Both center operators who had ceased providing night care cited occasional instances of a parent arriving drunk to pick up a child, and of child abandonment by a parent who, without warning, would take a 2 to 5 day vacation from work and child. Almost all parents who used night child care were described as single and struggling.

These two centers which had ceased providing night care were large - nearly 200 day children were enrolled in one and 160 in the other. A peak night enrollment was 30 in one center and 17 in the other; night enrollment soon began declining.

One other center was new and was just beginning night care in conjunction with its day care program. This center was located near the Boeing Corporation, one of Seattle's largest 24-hour-a-day companies; the director's intent was to offer night service to employees working the swing or night shifts. Several problems were present in the plans of this center, which were common to the remaining center I located which has been doing night care for the past 3 years.

The center director and owner of the remaining center which has met with some success in offering night care were both hospitable, in that they answered my questions and allowed me to observe their night program. This center is also located near Boeing and a large hospital. Their total day enrollment in the Spring of 1980 was 193 children, ages 2½ through 9; their total night enrollment was 18 children of the same age range, plus

drop-ins. The fee for night care (to 1:30 a.m.) was $8.50 per night, which included dinner. This fee was typical of the other night care centers I surveyed.

The stated routine for the children in night care was as follows:

| | |
|---|---|
| outside play | 5:30 - 6:30 p.m. |
| dinner | 6:30 - 7:00 |
| crafts, tv, stories, walks... | 7:00 - 8:30 |
| clean-up, toileting, getting ready for sleep | 8:30 on. |

In practice, this routine apparently is difficult to follow.

Two staff members were on duty for the night program. One was a young woman who had just graduated from high school. The other was slightly older and had taken one Early Childhood course at a nearby community college. Both were very inexperienced with children.

The evening I observed unfolded as follows.

I arrived at 3:00 on a Thursday afternoon. Most of the pre-school age night children had already arrived, and the school age children arrived soon after 3:00. Two drop-in children for night care gave a final number of 20 children that evening. Discipline, generally, was harsh though not corporal during the confusing time when some 150 day children were leaving and the remaining few night children were arriving. Discipline for the night children consisted of the offending child being sat on a chair, removed from the group or (much more commonly) being yelled at.

Dinner was modest - bologna sandwiches, soup, milk and apple sections. It was served without plates and with eight children to a table.

Pre-sleep activities consisted of an outdoor walk, free play indoors, and one hour of television in a room adjacent to the large

sleeping room. Older children (6-9) were allowed to watch additional television, and the two drop-in children (ages 8 & 9) watched until 11 p.m. Television is used heavily, and commercial programs of dubious value to children seem to be the fare.

The children ages 3-5 were put onto their napping mattresses on the floor at 8:30. Linens were provided by the center if needed; some children used sleeping bags. All but five children were in pajamas from home. The children were close to each other and were very restless. The time period from 8:30 to 9:15, with most of the lights out, was characterized by much commotion, up-and-down, yelling of threats and orders to behave by the two staff. The first child left at 9:00, and since the parent and child had to go through the other prone children to get to his cubby, everyone was disturbed. This pattern recurred every time a child was picked up - which happened at least every half hour until closing time.

At 9:15, all lights were turned on. As it turned out, the two night staff members also had custodial responsibilities for the center, so from 9:15 to 11:00, they did all vacuuming, sweeping and scrubbing. The resulting noise and odors from cleaning agents kept all but one child awake until their parents picked them up. This was a nightly pattern, and one which I hadn't expected to see at all. However, a center used for both night and day care needs cleaning sometime, and as an economy measure, this center assigned custodial duties to the two night care staff, rather than hiring a separate person or service to work from the 1:30 a.m. closing time to the 6:30 a.m. opening time.

Needless to say, no child but one appeared to get any sleep at the center; the signs of stress and fatigue in the children were abundant.

Each parent who picked up a child appeared to do so straight from work, and was similarly tired. All but one were single middle-income parents, one father and 18 mothers.

I would like to offer to you the following questions which I have at this point concerning center-based night care.

Staff

1) What qualifications (both of skill and of character) are necessary for night care staff to possess? The night child has greater apparent needs for nurture, comfort and reassurance to help ease the pain of missing the parent. Understanding the necessary evening routines to lead to a period of restful sleep are, to my mind, even more important for night care staff to possess than understanding sound cognitive development and methods are for day care staff. Yet, we have so little understanding of what constitutes these routines, let alone available literature or training programs to assist night-care staff in acquiring them.

2) What level of financial support and what sorts of working conditions are necessary to attract and hold qualified staff?

3) What skills in, and commitment to, parent communications are necessary, given the greatly reduced opportunities for home-center communication afforded by the circumstances of night-time care?

Facility

1) What room size, layout and number of children per room is minimally suitable for promoting restful sleep? Surely, the large,

multi-purpose rooms found in so many centers are not desirable without thoughtful modification. They are very different from home-like sleeping conditions.

2) What is minimally adequate regarding the provision of privacy, storage space and parental drop-off or pick-up patterns to promote restful sleep? What are the variations in level of room darkness which individual children prefer or depend on?

3) What sleeping furniture and arrangements are minimally adequate? Should the center differentiate between equipment and arrangements suitable for daytime napping (portable cots with wall-to-wall children) versus those suitable for night sleep? Should each child have a bed? Should each child have his or her preferred pillow, blanket, pajamas, robe, slippers, cuddling toy? Should each child receive laundered bedding? Who should have this responsibility - the parent or the center?

Routine

1) What developmentally appropriate meal, evening activities and routines are best for children of differing ages? What provisions should be made to ensure that each child is periodically bathed (whether at the center or at home) and given clean clothing for the new day?

2) What, if any, is the role of television? What age distinctions should be made, and what parental preferences should be heard?

3) What routine for child hygiene is minimally necessary to ensure that each child washes and brushes teeth, is periodically bathed, and has fresh clothing if he or she stays overnight?

4) What resources should be available to the school-age child who brings homework to the center?

5) What minimal response to individual child needs and preferences concerning pre-sleep rituals (having a story told or read, having music played, being rocked or rubbed, playing a favorite game) should be a required part of a center-based night care program?

I think these questions just scratch the surface of what we should be asking. Let me move on to my findings and questions concerning home night care. I'll first present data from the respondents of the questionnaire to give us a brief profile of home providers of night-time child care.

Most home providers do both day and night care. I encountered only one provider who did only night care. The children in home day care, on the average, appear to be older than the children in night care. The average age of the day care child was 4 years old; the average age of the night care child was 3 years old.

About half of the home night care providers I surveyed officially end their care before 1:00 a.m. The rest offer care throughout the night, with children asleep after midnight usually staying on until morning regardless of whether the parent was free earlier. Most of the providers who officially end their care at 1:00 a.m. noted that occasional children would stay through the night if the parent asked for this service. Some home providers noted that they provided full-time care when the parent left town for a few days - or a week or more. This again is an instance of the grey line which erratically exists to separate child care from foster care in the night-time child care business.

Approximately one-fourth of the children in the day care stayed on for at least three hours or more of night care. The rest of the night care children arrived from mid-afternoon to between 11 and 12 midnight, with arrival time depending on the parent's work schedule.

Very few home night care providers have a waiting list for night care, in contrast to day care. This was also the case with the center night care provider. Further, the rate of child turnover is greater for children enrolled for night care than for children enrolled for day care. Several factors may be involved here, ranging from the parent's job mobility and instability of working schedules to parental preference for night child care arrangements which put non-related home child care and center child care near the bottom. When a 'better' arrangement can be found (such as a relative or in-home sitter), the parent will withdraw the child from the home or the center. However, one night care provider noted that she had had the same three children from one family for over 3 years.

The home night care providers report that most of their children's parents are low income (80% receive public assistance child care reimbursement) and are single (60%). The fees charges ranged from $7.00 per night to $10.00 per night, with a fee reduction for siblings. Most home providers charged $8.00 per night. The hourly rates ranged from $1.00 per hour to $2.50 per hour, with the most common rate being $1.25 per hour. These fees are apparently comparable with the fees charged for night care by center providers.

I was unable to observe any home night care provider's evening and pre-sleep routine. The provider's homes were usually small (home-like!) and I, as an observer, would have been a nuisance or underfoot. Conversations

with the six home night care providers I was able to interview suggested a routine such as the following:

1) afternoon arrivals had free play until supper time. Day children leave during this time period.

2) supper

3) television, or, more rarely, quiet games and activities

4) story time or book time. Older, school-age children did homework during this time if any was assigned.

5) wash face, brush teeth, change to pajamas and sleep.

The number of night children per home provider was small, with some three or four children being the typical number who stayed for night care. The providers stated they had conversational contact with each parent at pick-up time and could go over any needed communication with the parent then.

Children were put down for sleep in beds in the home, on sofas or in sleeping bags on cots or on the floor. The variation was dependent on the resources of the provider. Some providers put two or three children in one large bed. Linens were changed according to provider judgment. Half of the providers I talked with had not considered the matter of child hygiene, and thought the child was bathed by the parent when she/he thought the child needed a bath. The other half had taken the responsibility for establishing a schedule for regular bathing and having a change of clothing.

Based on my talks with home providers of night-time child care and on their responses to the questionnaire I developed and use, I have the following questions, organized as my questions were for the center provider.

I. Provider Qualifications

1) What skills, understandings and qualities should be expected of every home night care provider?

2) Most providers of night care in my study also provided day care. Many reported 16, 18 or 20 hour days with only erratic sleep or napping to renew themselves. Is it reasonable to allow both day care and night care to be provided by the same home child care provider? If so, under what conditions?

II. Facility Needs

1) What conditions are necessary to ensure that children have sleep arrangements which promote restful sleep? What individual variation in children's sleep needs (such as the need for privacy, amount of room light, bed vs. cot or sofa) need to be a part of the options available to the children in care?

2) What minimal house cleanliness is necessary to ensure a healthy environment for the children in care? What schedule of cleaning best meets both the provider's needs and doesn't disrupt the rest of the children? This appears to be an important question especially in the case of the provider who offers both day and night care.

3) What areas of separation should exist between the space and activities of the provider's and her family (if any) and those of the children in care? Home day care doesn't present the kinds of issues in this area that home night care may present.

III. Routine

1) In general, what routine best accomplishes a secure, developmentally appropriate and pleasant sequence of dinner, evening activities and pre-sleep

activities? What is the role and what are the limitations of television?

2) What is necessary to ensure that the health and hygiene needs of each child are met - including bathing, pajamas and change of clothing and special care when ill?

3) What is the minimum communication necessary between parent and provider so that the shared parenting aspect of night care is realized?

As I begin to wind this presentation up, I'd like to offer you two additional areas of questions concerning night child care before moving on to the matter of licensing and support.

First, regardless of whether a child is enrolled in a center or in home night care, or receives care from a non-related but unlicensed individual on a regular basis, I think there may be a significant number of children who may be receiving double-shift care. By this, I mean that a child might spend a portion of the day in one child care location and the night at another child care location. The parent who works at night must sleep during the morning and early afternoon hours the following day. If the preschool-age child sleeps at night and is awake during the day, is that child taken to a second day care program after leaving the night care program? If so, then when and under what circumstances does the parent have contact with the child? A related question concerns the possible need to have night care which provides programming for the child to keep her awake during parental work hours so she then sleeps at home during parental sleep hours.

Second, what are the effects on the child concerning a parent who has rotating shift work? Some 24-hour or 16-hour businesses assign employees to a given shift for a long period of time; others rotate employees every 10 days, two weeks, monthly....

The last area of this discussion I have to share with you concerns the striking lack of attention given to the topic of night time, out-of-home child care by our profession and by the child care licensing authorities in the various states. All of the respondents who I talked with and who responded to my questionnaires reported that they received no help of any kind from provider organizations, colleges or other training programs, or the state licensing and supervision staff. I have reported to you that my literature search was singularly unproductive - I'd appreciate hearing from any of you who have or know of resources in this area. I also have not come across any material or training program which includes the provision of child care at night. Does anyone here know of such a resource?

There exists a sensitive and unmet need in our profession in regard to night care. It is sensitive because of the politics of child care and regulation; it is unmet because at present some of us are only introducing ourselves to an aspect of work in early childhood involving large numbers of children; most of us are ignorant. The states which haven't yet developed differential licensing or registration requirements for night-care versus day care have a pressing obligation to do so. The states which have developed such requirements need, in my mind, to carefully ensure that the aspect of the child's well-being regarding out-of-home sleep is included among the usual facility and staff requirements. Further, a

special core of night child care specialists in the state licensing department should assume the role of licenser or supervisor and the role of consultant for night care providers. The provision of quality consultation seems to be related to the success of a state licensing program, and this need is even clearer in regard to night child care. Specialists in night child care will even need to work during other than regular, day-time hours.

There is much to be done in this area and I'm very pleased to have had this opportunity to contribute. I'll be especially pleased to correspond with any of you who are working in the same areas. I have put together a very modest bibliography concerning the topic of night-time child care, which I'll be glad to mail to any of you who request it.

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See also the state child care licensing regulations for particular state standards. To my knowledge, the following states have night child care standards which differentiate provider and facility requirements from their day care standards: Illinois, Kansas, Michigan and New Jersey.